

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 336426498

Report Date: 11/22/2019

Date Signed 11/22/2019 03:28:43 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
FACILITY EVALUATION REPORT	

FACILITY NAME: SUNBROOK RESIDENTIAL CARE	FACILITY NUMBER: 336426498
ADMINISTRATOR: SYKES, RAMONA	FACILITY TYPE: 740
ADDRESS: 43-574 PARKWAY ESPLANADE E.	TELEPHONE: (760) 404-0872
CITY: LA QUINTA	ZIP CODE: 92253
CAPACITY: 6	DATE: 11/22/2019
TYPE OF VISIT: Case Management - Other	UNANNOUNCED TIME BEGAN: 01:30 PM
MET WITH: Ramona Sykes	TIME COMPLETED: 03:38 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Christine Le and Investigator Lori Wood conducted an unannounced
2	case management visit to follow up on Resident 1 (R1)'s death. LPA and Investigator met with licensee
3	Ramona Sykes and co-licensee Ronald Sykes.
4	
5	LPA and Investigator toured the facility, conducted interviews, and reviewed two (2) residents files. LPA
6	and Investigator were informed by the licensee that R1's facility file was not available during the visit as
7	the files were in possession of law enforcement.
8	
9	LPA and Investigator also conducted a Health & Safety Check of the facility with co-licensee Ronald
10	Sykes. LPA and Investigator toured the facility inside and out. Two (2) residents were observed in their
11	rooms. During this visit, LPA and Investigator did not observe imminent health & safety concerns.
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13	The licensee was advised that there is an open investigation in regards to R1's death. Additional time is
14	needed to complete this investigation.
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16	No deficiencies were cited during this visit. An exit interview was conducted where this report was
17	discussed and provided to the licensee.
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SUPERVISOR'S NAME: Edna Musoke	TELEPHONE: (951) 248-0336
LICENSING EVALUATOR NAME: Christine Le	TELEPHONE: (951) 897-2618
LICENSING EVALUATOR SIGNATURE:	DATE: 11/22/2019

I acknowledge receipt of this form and understand my licensing appeal rights as explained and

received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/22/2019

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC809 (FAS) - (06/04)

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